

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 19603/3355 (CRF D-1595-16)										
<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p>												
<p>In re Application of Barany et al.</p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number 09/963,698</td> <td style="width: 50%;">Filed September 26, 2001</td> </tr> <tr> <td colspan="2" style="text-align: center;">For DETECTION OF NUCLEIC ACID SEQUENCE DIFFERENCES USING THE LIGASE DETECTION REACTION WITH ADDRESSABLE ARRAYS</td> </tr> </table>			Application Number 09/963,698	Filed September 26, 2001	For DETECTION OF NUCLEIC ACID SEQUENCE DIFFERENCES USING THE LIGASE DETECTION REACTION WITH ADDRESSABLE ARRAYS							
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Group Art Unit 1639	Examiner S. Liu											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>												
<p>The requested extension and appropriate entity fee are as follows (check time period desired):</p>												
<table style="width: 100%;"> <tr> <td style="width: 70%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td style="width: 30%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)</td> <td style="text-align: right;">\$ 1110.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)</td> <td style="text-align: right;">\$ _____</td> </tr> </table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ 1110.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____											
<p><input type="checkbox"/> Applicant claims small entity status.</p>												
<p><input type="checkbox"/> A check to cover the fee is enclosed.</p>												
<p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>												
<p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p>												
<p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p>												
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>												
<p>I am the <input type="checkbox"/> applicant/inventor</p>												
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p>												
<p><input checked="" type="checkbox"/> attorney or agent of record.</p>												
<p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>												
<p>/Michael L. Goldman/ _____ Signature _____</p>		March 29, 2010 _____ Date _____										
<p>Michael L. Goldman _____ Typed or printed name _____</p>		(585) 263-1304 _____ Telephone Number _____										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>												
<p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>												

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